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SHIPPING REPORT

STATE OF CALIFORNIA - The Resources Agency
DEPARTMENT OF CONSERVATION
Division of Recycling
DR-6 (06/07)

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ATTACHED TO CCN

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COMPLETED BY SHIPPER:

COMPANY NAME
ADDRESS

CERT. #
CONTACT PERSON
TELEPHONE NUMBER

RECEIVER INFORMATION

COMPANY NAME
CERT. #
MATERIAL TYPE
☐ AMENDMENT TO FSN

RECYCLER PAYMENT REQUEST INFORMATION

	REDEMPTION WEIGHT (LBS)	REFUND
FROM Receipts & Logs	•	•
FROM Shipping Reports or Consolidated Reports	•	•
TOTAL	•	•

Receipt & Log Entries For

MM DD YY

Thru

MM DD YY

Number of Attachments
or Consolidated Shipments

COMPLETED BY RECEIVER

Weight Ticket #

Received Wt. (Lbs.)

RECEIVER PAYMENT ANALYSIS

Refund Value (C)

Processing Pymt. (D)

Subtotal Due (C+D)

<input type="text"/>	<input type="text"/>	•	•	•
Received Date: <input type="text"/> <input type="text"/> <input type="text"/> MM DD YY	Completed by receiver only: <input type="text"/>	% of Reduction Taken	ADMINISTRATIVE FEE	•
			TOTAL PAYMENT DUE	•

Civil penalties of up to five thousand dollars (\$5,000.00) per day may be assessed for violation of the laws and regulations governing this report. In addition, the submission of false information with intent to defraud is a crime punishable by substantial fines, up to three years imprisonment, or both. Knowing this, I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

QIP
S or R

% OF SHRINKAGE

APPROVED FOR PAYMENT Shipper's Signature/Title

Receiver's Signature/Title

Shipper's Printed Name

Receiver's Printed Name

Date

Date